

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595880

FILING DATE

11 OCT 2008

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24		/	/	/		
25		/		/		
26		/		/		
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28		/		/		
29		/		/		
30		/		/		
31		/		/		
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33		/		/		
34		/		/		
35		/		/		
36		/		/		
37		/	/	/		
38		/	/	/		
39		/	/	/		
40		/	/	/		
41		/	/	/		
42		/	/	/		
43		/	/	/		
44		/	/	/		
45		/	/	/		
46		/	/	/		
47		/	/	/		
48	/		/	/		
49		/	/	/		
50		2	/	/		
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		/		/		
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64	/			/		
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66				/		
67				/		
68				/		
69				/		
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75				/		
76				/		
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79				/		
80				/		
81				/		
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84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						